

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> <div>MM / DD / YYYY   /  /  </div> </div>	

Full Name of Payee <b>SISK FULFILLMENT SERVICES</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015		
Mailing Address 1900 INDUSTRIAL PARK ROAD			Amount 9724.65		
City FEDERALSBURG	State MD	Zip Code 21632-2667	Transaction ID : SE24.1130		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: _____			State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
2553289.84					

Full Name of Payee <b>ZIP MAILING SERVICES, INC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015		
Mailing Address 6304 SHERIFF RD. STE Z			Amount 13200.00		
City LANDOVER	State MD	Zip Code 20785-4361	Transaction ID : SE24.1128		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: <input type="checkbox"/> House District: _____			State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
2566489.84					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	22924.65
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

 MM / DD / YYYY  
 01 / 18 / 2016

Signature